

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

101568526

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
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26		1		1		
27		0		1		
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29		0		1		
30		0		1		
31		0		1		
32		1		1		
33	1		1			
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36		1		1		
37	1		1			
38		0		1		
39		0		1		
40				1		
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46						
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48						
49						
50						
TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	37	←	37	←		←
TOTAL CLAIMS	40		40			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						